

2017-13003

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/14/2017
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 000	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 WAC Private Psychiatric and Alcoholism Hospitals Licensing Regulations, conducted this health and safety complaint investigation. Onsite dates: 11/14/17 Examination number: 2017-13003 Intake number: 76871 The investigation was conducted by: Surveyor #27347 There was a violation found pertinent to this complaint.	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: The regulation number and/or the tag number. HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed (Must be completed within 60 days of the survey exit date) 3. Your PLANS OF CORRECTION must be returned within 10 working days from the date you receive the Statement of Deficiencies. Your plan of correction must be postmarked by December 1, 2017. 4. Return the ORIGINAL REPORT with the required signatures. The administrator or representative's signature and date are required on the first page and initials in the lower right hand corner on the remaining pages of the report		
L1110	322-170.3D SOCIAL WORK SERVICES WAC 246-322-170 Patient Care Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (d) Social work services coordinated and supervised by a social worker with experience working with	L1110			12/15/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L1110	<p><i>Continued From page 1</i></p> <p>psychiatric patients, responsible for: (i) Reviewing social work activities; (ii) Integrating social work services into the comprehensive treatment plan; and (iii) Coordinating discharge with community resources; This Washington Administrative Code is not met as evidenced by: Based on interview, record review and review of hospital policies and procedures the hospital failed to ensure a safe discharge plan for a patient (Patient #1).</p> <p>Failure to ensure a safe discharge plan places patients at risk for harm.</p> <p>Findings include:</p> <p>1. The hospital policy titled "Discharge Process", last revised 1/2017 read in part "It is the policy of Fairfax Behavioral Health to provide each patient with a comprehensive discharge plan and to communicate that discharge plan to the patient and supportive person (s)".</p> <p>2. Review of Patient #1's record revealed the patient was discharge on 10/13/17 to a homeless shelter. The discharge diagnoses included "bipolar disorder with dementia of unknown cause". Discharge prognosis was listed as "fair, depending on compliance with treatment".</p> <p>The psychosocial factors at the time of discharge listed "homelessness, lack of social family support and poor medical health".</p> <p>"Treatment recommendations or discharge stated the patient required medication management to assess for compliance, efficacy and adverse effects and outpatient psychiatric follow-up".</p>	L1110			

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STATE FORM

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SGTB11

If continuation sheet 2 of 3

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L1110	<p>Continued From page 2</p> <p>On 10/6/17 the patient was assessed by the Department of Social and Health Services (DSHS) home and community services case manager to help the patient get placement in a care facility.</p> <p>On 10/12/17 the hospital case manager called the patient's family to inform the family the patient was being discharged to a homeless shelter.</p> <p>3. The DSHS case manager was interviewed on 10/31/17 at 1:00 P.M. The case manager was not notified the patient was being discharged to a homeless shelter by the hospital. The patient's family called the case manager after the patient was at the shelter to inform them the patient was unable to manage their medications in the shelter. The homeless shelter did not have the capacity to help the patient manage their medications. The shelter also did not have the capacity to assist the patient to keep their appointments.</p> <p>4. Staff A was interviewed on 11/14/17 at 9:30 A.M. Staff A stated the patient did not meet criteria to continue staying in the hospital and the DSHS Home and Community Services case manager should have been notified to coordinate the care of the patient before discharge to the shelter.</p> <p>5. The above information was verified with Staff B on 11/14/17 at 10:00 A. M.</p>	L1110			